Board of Health, City of Baltimore,	
Permit No. 24/1 Office of Registrar of Vital Statistics. Ward	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, acc crately out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decrased, or so	ones
f requested so to do, under penalty of law.  No Permit For Burial Carea Charles Agricult. Proper Certificate.	1
CERTIFICATE OF BHATH.	
11 1000	
Date of Death, (Write legibly and spell)	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	
Sex, Male or Female, (Cross out the word not)	
Age, Years, Months, 12 Do	aye
Color, White	
Married, Single, Widow or Widower, {Cross out the word not }	
Occupation, Mone	
Birthplace, Stace or country, and now long in the United States, for of foreign birth.	
Duration of Residence in the City of Baltimore,	
Place of Death, {Give street ala } 4 14 P. Roegiste 81-	
First, (Primary,)	
Cause of Death, Second, (Immediate,) Convulsions	
Duration of Last Sickness,	
Place of Burial, Mount Carmeling	
Date of Burial, June 17th ( // L) Whiell for M.	D
Undertaker, H. Diphel	
Piace of Business, 336 & Bond MAddress, JUD J. 1500 all	
Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.	

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnification who after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased as the cause and date of death, except in cases of births and deaths of illegitimate children.

Bealth Department, City of Baltimore.
Permit No. 4/2 Office of Registrer of Filal Statistics. Ward 18
The Physician who attended any person in a last the a, is responsible to the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the birdal, within wordy jour head after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be obtained without a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, func 16 188
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, { First (Primary), Member 6 Second (Immediate), Olephysica
Duration of Last Sickness, 6 A. All the above information should be furnished by the Physician.
Place of Burial, Cetae Hill Com
Date of Burial, June 1776 1887
J Undertaker, Julius Kochles Medical Attendant.
Place of Business, Thanks Gross HAddress, 6000

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Totale in State of The State of State Stat
The Physician who attended any person in a last the six especiable for the properties of this Certificate, accurately filled out to the Undertaker or other person superintending the benal, within twenty-four hours after the death of said deceased, or sooner, it requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Profer Certificate.
CEDTIFICA FINAL DEATH
CERTIFICATE OF BEATM.
Date of Death, Pune 15, 188   Burger
Full Name of Deceased, Strite legibly and spell Bullenck William Buller
Sex, Male or Female, {Cross out the word not } Wale
Age, Years, Four (4) Months, Frifleen (5) Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Left Line
Place of Death, Give Street and Number. 1622 Alice Anna 8h
l'aggo of Harth
Second (Immediate), Convulsion
Duration of Last Sickness, here Days
Place of Burial, Ast, Enangelical, Lett.
Date of Burial, June My on 1884) Am 1180
(Undertaker, H. Sanda & Con Medical Attendants
Place of Business 1410 Cornelin and Address, ho 418 he Revalues
(Luce of Lucinessy / D Luciness, Lo F

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Beaun Bepariment, City of Baltimore.
Permit No. 1-14 Office of Registrar DIP Mind Statistics. Ward 16
The Physician who attended any person in a last it here, as responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the purest, within twenty-four hours after the death of said deceased or sooper.
requested so to do, under penalty of law.  No Permit for Burial Cay be Obtained without a Proper Certificate.
CERTIFICATE DEATH.
Date of Death, June 16 th 87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Eight Years, Eight Months, Days
Color, Chile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Leve weeks
Place of Death, {Give Street and } # 844 L. Eulse 24.
First (Primary), Dyseulery.
Cause of Death, Second (Immediate), Collaborer.
Duration of Last Sickness, Zeve Cocks.  All the above information should be furnished by the Physician.
Place of Burial, Mestern Com.
Date of Burial, Jane 17 1889
(Undertaker, The Zellie M. D. William Kook M. D.
Place of Business, 746 Columbia Address, # 1018 L- Sulaw &
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Permit No.  Permit	Bealth ?	Penartment	Witn of	Bultimore	
CERTIFICATE DEATH.  Date of Death,  Full Name of Deceased, { Write legibly and spell correctly. if an Infant not named, give names of parents.  Sex, Male or Fendele, { Cross out the word not by frequired in this line. }  Age,  Go Years,  Color,  Married, Single, Willow or Widower, { Cross out the words not }  Occupation,  Birth Place, { State or country, and how }  Birth Place, { State or country, and how }  Duration of Residence in the City of Baltimore,  Place of Death, { Give Street and } Number.  Cause of Death, { First (Primary), Second (Immediate), All the above information should be furnished by the Physician.  All the above information should be furnished by the Physician.	Permit No.	fice of Ranktha	Por Wilal St	atistics War	15
Date of Death,  Full Name of Deceased, {Write legibly and spell correctly. It an Infaut not named, give names of operatis. Sex, Male or Female, {Cross out the word not } correctly.  Age, Go Years, Months,  Color, Willow or Widner, {Cross out the words not } coccupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.}  Duration of Residence in the City of Baltimore, 30 year,  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary), Second (Immediate), Ph. Missing Pullmoralis, All the above information should be furnished by the Physician.	No Permit i	OR BUREAL CAN BE OBTAIN	twenty-four on after	er the death of said decer PER CERTIFICATE.	ased, or soon
Full Name of Deceased, \( \begin{array}{cccccccccccccccccccccccccccccccccccc	CERT	TFICATE	OF D	EATH.	
Sex, Male or Female, {Cross out the word not required in this line.}  Age, GO Years, Months,  Color, Totule  Married, Single, Willow or Widdower, {Cross out the words not required in this line.}  Occupation, State or country, and how long in the United States, if of foreign birth.  Duration of Residence in the City of Baltimore, 30 year  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary), Second (Immediate), Photoscients of Last Sickness, All the above information should be furnished by the Physician.	Date of Death,	i	gm 15	1/87	
Sex, Male or Female, {Cross out the word not required in this line.}  Age, GO Years, Months,  Color, Totule  Married, Single, Willow or Widdower, {Cross out the words not required in this line.}  Occupation, State or country, and how long in the United States, if of foreign birth.  Duration of Residence in the City of Baltimore, 30 year  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary), Second (Immediate), Photoscients of Last Sickness, All the above information should be furnished by the Physician.	Full Name of Deceased, $\left\{ egin{smallmatrix} \operatorname{Wri} \\ \operatorname{corr} \\ \operatorname{of} \\ \operatorname{of} \end{array}  ight.$	te legibly and spell ectly. If an Infant named, give names arents.	as, Ha	leon	
Married, Single, Willow or Widower, {Cross out the words not }  Occupation,  Birth Place, {State or country, and how long in the United States, lif of foreign birth.  Duration of Residence in the City of Baltimore,  Place of Death, {Give Street and }  Number.  Cause of Death, {First (Primary),  Second (Immediate),  Duration of Last Sickness,  All the above information should be faruished by the Physician.	Sex, Male or Female, { Cross ou required	t the word not in this line.	······································		
Married, Single, Willow or Widower, {Cross out the words not }  Occupation, Zaborer  Birth Place, {State or country, and how long in the United States, if of foreign birth.  Duration of Residence in the City of Baltimore, 30 year,  Place of Death, {Give Street and } Number.  Cause of Death, {First (Primary), Second (Immediate), Place of Last Sickness,  All the above information should be furnished by the Physician.	1ge, 60	Years,	Month	8,	
Occupation,  Birth Place, {State or country, and how long in the United States, for foreign birth.  Duration of Residence in the City of Baltimore,  Place of Death, {Give Street and long in the City of Baltimore,  Cause of Death, {First (Primary),  Second (Immediate),  Duration of Last Sickness,  All the above information should be furnished by the Physician.	Color,		totile	- 1/	
Occupation,  Birth Place, {State or country, and how long in the United States, long in the United States, lif of foreign birth.  Duration of Residence in the City of Baltimore,  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary),  Second (Immediate),  All the above information should be furnished by the Physician.	Married, Single, Willow or 1	Widower, {Cross out the word required in this lin	ls not }		
Duration of Residence in the City of Baltimore, 30 year,  Place of Death, {Give Street and } & 25. E. Lee & L.  Cause of Death, {First (Primary), Second (Immediate), Musical Pulminalis  Duration of Last Sickness, 6 Mon L.  All the above information should be formished by the Physician.				borer	
Duration of Residence in the City of Baltimore, 30 year,  Place of Death, {Give Street and } & 25. E. Lee & L.  Cause of Death, {First (Primary), Second (Immediate), Musical Pulminalis  Duration of Last Sickness, 6 Mon L.  All the above information should be formished by the Physician.	Birth Place, State or country, and ho long in the United State if of foreign birth.	w }	Ine	and	-
Cause of Death, Second (Immediate), The Musica Pulmenalis  Duration of Last Sickness, 6 Months  All the above information should be formished by the Physician.	Duration of Residence in the	e City of Baltimore,	30	year,	
Duration of Last Sickness, 6 Non 1		***	lo 25. E	Lee sh	
All the above information should be furnished by the Physician.	$ause of  Death, egin{cases}  ext{First (Primar)} \  ext{Second (Imm)} \end{cases}$	y), And	lising of	D Ulmmal	'
		shed by the Physician,	6 mon	<i>t</i> ,	
	0 - 43	atog lemeler			
Date of Burial, June 17	, ,	17	los	Burnell	
Place of Business, 4188 Charles 81 Address. 511 Wannest		001,000	. 1	Medical Attends	M

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Health	Department,	City of		
Permit No. 24/6	Office of Registra	Saft Wital S	tatistics. Wa	rd 192
The Physician who attended a	ny person in a last il nels, is resp	onsible for the present	tation of this Certificate	accurate filled out.
to the Undertaker or other person requested so to do, under penalty of No Person	law. IT FOR BURIAL CAN BE OF R.	4		eased, or sooner, if
CEE	THE STATE OF THE S			
CER	TIFICA	TOBY D	EATH	
Date of Death,	- /	mue /6'	1/2/8/	
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents	Legma (	C. arium	er
Sex, Male or Female, Cross requi	out the word not }	1 Fine	iale	
Age, Linuty fore	Years,	Month	s,	Days
Color,		Mile		
Married, Single, Widow o	r Widower; {Cross out the wo	ords not a line.	arried	
Occupation,		1	-	
Birth Place, State or country, an long in the United if of foreign birth.	d how States,	Baltu	ure 1	
Duration of Residence in	the City of Baltimore,	Tife	<b></b>	
Place of Death, {Give Street as Number.	ad} /32	M. Ba	llure	th,
First (Pri	mary), Lypho	- healar	ial For	er-
Cause of Death, First (Pri	mmediate fullellus	e Humer	hafe - Cot	lafee.
Duration of Last Sicknes	s, Fireut	Eight	days	
All the above information should b		00	/	
Place of Burial, Louis	new rark we	100	2.1	
Date of Burial,	no 19/84	Nodanie	ew DHVas	claire n
(Undertaker, 2,0	13, Cook		Medical Atte	ondant.
Place of Business, 10	os We Batte	Address, 108	lucus	e che

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Bealth Mepartment, City of Baltimore.
Permit No. 1/17 Office of Devisited of The Statistics. Ward 15
The Physician who attended any person in a had iness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, Whitin Menty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law.  No Permit for Burial and Cottained Wishouth Proper Certificate.
CERTIFICATE OF DEATH.
17/1
Date of Death, Mule 16
Full Name of Deceased, {\begin{align*} \text{Writal egibly and spell} \\ \text{not named, give names} \\ \text{of parents.} \end{align*} \text{Mode any Estimate (Cross out the word not)} \end{align*}
Sex, Mate or remaie, required in this line.
Age, Years, Months, J. Days.
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, (State or country, and how) Back
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 883 Plum ally
G C D 47 First (Primary),
Cause of Death, { First (Primary), le moule le la
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Laural cometery
Date of Burial, Jane 17th ) ( h. Have M. D.
(Undertaker, Herches Bess )
Date of Burial, Face 17th R. M. D.  [Undertaker, Herebes Bess  Place of Business, #104 Conney StAddress. 1019 Della Attendant.  Place of Business, #104 Conney StAddress. 1019 Della Attendant.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

OVY
Permit No. A 2/8 Office of Anti-Okean State Bratismore.
Permit No. ———————————————————————————————————
CERTIFICATE OF DEATH
Date of Death, June 164. 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Wale
Age, 49 Years, Months, Day
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Carpenter,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, about 25 years.
Place of Death, {Give Street and } 1829 Lemon Oh
Cause of Death, { First (Primary), Valvular duesa of Heart. Second (Immediate), I haudion.
Duration of Last Sickness, One Year, All the above information should be furnished by the Physician.
Place of Burial, Sandon Puh
Date of Burial, Reme 19"18 1 1 1 1
(Undertaker, Nichows Finh) 10.11. M. D
Place of Business, 1814 W. Rati Haddress, 814 W. Lowbard St.
Extract from Regulations of the Board of Health to secure a fulf and correct record of the Vital Statistics in the

City of Baltimore.

Bealth Bepartment, Oity of Baltimore.
Permit No. 419 Office of Berestand Ward Statistics. Ward
The Physician who attended any person in a last loress, is responsible for the presentation of this Certificate, accurately for the Undertaker or other person superintending the burial, within twenty-jown has after the death of said deceased, or some requested so to do, under penalty of law.  No Permit for Burial of the Certificate of the Certificate.
CERTIFICATE DEATH.
Date of Death, J'Engre Granner
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Make or Female, {Cross out the word not }
Age, 2 Years, Day
Color, / hiti.
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 1152 & Hash gave
First (Primary),
Cause of Death, Second (Immediate),
Duration of Last Sickness, Low (2) Voulle-
All the above information should be furnished by the Physician.
Place of Burial, MO WWO Soem
Date of Burial, June 19/8/

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

Days.

Age, Color. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation,...

Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of

Place of Death, Give Street and Number. First (Primary)

Second (Immediate) Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Date of Burial,

Undertaker,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.